

L04000031581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JP  
7-14-04



July 8, 2004

Florida Department of State  
Division of Corporations  
Corporate Records  
Post Office Box 6327  
Tallahassee, Florida 32314

Dear Sir:

Enclosed, please find the "STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY" FOR Eyelid Surgery Center, LLC. The address for the business and the address for the agent have both been changed.

ARTICLE VI, MEMBERS also needs to have the ADDRESS changed.

It currently reads: 15750 New Hampshire Court  
Suite B  
Fort Myers, Florida 33908

It needs to read: 15620 New Hampshire Court  
Fort Myers, Florida 33908

Thank you for your help in making these corrections. You will also find a check for \$25.00 enclosed to cover the cost of the service.

Respectfully yours,

Robert D. Martilla, RN, LHRM  
Administrator

2 enclosures

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TALLAHASSEE, FLORIDA

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

- |   |                     |
|---|---------------------|
| <u>April 26, 2004</u>   | <u>L04000031581</u> |
| 3. Date of filing/registration in Florida   | 4. Document number  |
| 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: |                     |

6. The name and address of the new registered agent and/or office:

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Dean W. Lenson MD  
(Signature of a member or authorized representative of a member)

Dean W. Larson, M. D.  
(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

(Signature of Registered Agent)

**FILING FEE: \$25.00**